

BARBARA K. CEGAVSKE Secretary of State 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 (775) 684-5708

Website: www.nvsos.gov

Apostille/Certification Order Instructions

Service I	Requested:	(<u>Expec</u>	<u>dite</u> service requires	additional fees)			
Regular	24-Hour <i>Ex</i>	<i>kpedite</i>	4-Hour <i>Expedite</i>	2-Hour <i>Expedite</i>	1-Hour <i>Expedite</i>		
SUBMIT THIS COM	MPLETED FORM WITH Y	OUR REQUES	т	USE BLACK IN	IK ONLY - DO NOT HIGHLIGHT		
Date:							
Return to:							
Address:							
Detum Deli							
	very (mark one): or Pick Up	Пмаі	I to Address Above	Please provide a self-addre	essed envelope)		
	erson Informat		11071001000710000	i lease provide a sell-addre	essed envelope)		
Name:							
Email:							
Phone:	(United States	phone numbe	er only)				
Name of C	ountry in whic	h tha Da	cument will be use	d.			
	-		cument will be use	u			
Notes and	Special Instru	ctions*:					
*PLEASE NOT provided.	E: If the document i	s not proces	ssed, it will be mailed to the	address above unless spec	cial instructions are		
Method of F	Payment:	Che	ck/Money Order	Credit Card	d (attach checklist)		
	Total Amount Enclosed:						



Cardholder Signature

BARBARA K. CEGAVSKE Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

Credit Card Checklist

(For Counter, Fax and Mail Requests)

Service Type: Counter Mail	Fax	USE BLACK	(INK ONLY - DO NOT HIGHLIGHT				
Order Processing Requested:							
24-HOUR Expedite 4-H	edite Processing Requestion HOUR Expedite (if available)	uires Additional Fees) 2-HOUR Expedite	1-HOUR Expedite				
Card Type: (Mark one box) VISA MasterCard	Discover	American Exp	press				
Customer Credit Card Number:			V CODE*				
* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card. NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.							
Expiration Date: Month Amount: USD \$	Year						
Subject Name/Order Reference:							
Cardholder Information:							
Name as it Appears on the Account							
Billing Address							
City, State, Zip							
Telephone							
Payment Authorization: I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account:							
X		Not to Exceed Amount:	USD \$				